

# APPENDIX A

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Return Receipt Fee (Endorsement Required)	150
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*Recipient's Name (Please Print Clearly) (To be completed by maller)*

Mr. William F. Swisher

Street, Apt. No., or PO Box No.

1930 E. County Road 1670

City, State, ZIP+4

Carthage, IL 62321

PS Form 3800, February 2000

See Reverse for Instructions

**BEST AVAILABLE COPY**



# METHODE ELECTRONICS, INC.

Corporate Headquarters  
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Chicago, IL 60706-4548  
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via certified mail with return receipt

August 24, 2001

Mr. William F. Swisher  
1930 E. County Road 1670  
Carthage, IL 62321

Re: Patent application entitled: MULTIPLE DETENT SWITCH  
Our Case No.: 102EC019

Dear Mr. Swisher:

Please review the attached patent application. If any changes are required, please mark-up the patent application and return it to me. If the patent application meets with your approval, then sign the attached assignment and declaration forms and return the patent application and forms to me in the enclosed postage-paid, pre-addressed, return envelope. If you are unable to have your signature notarized, do not worry about it, just sign the assignment form without having it notarized.

I thank you ahead of time for helping us on this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Karl D. Kovach".

Karl D. Kovach  
Senior Patent Attorney

Enclosures: Patent application  
Declaration form  
Assignment form  
Return envelope

**TECHNOLOGY LEADERSHIP**